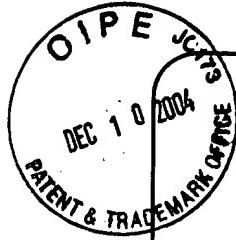


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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 24

Application Number	09/245,625
Filing Date	February 5, 1999
First Named Inventor	Robert R. Burch
Art Unit	1615
Examiner Name	Retford O. Berko
Attorney Docket No.	BUR-0202US

ENCLOSURES (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached

<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input checked="" type="checkbox"/> Affidavits/Declaration(s)

<input type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request

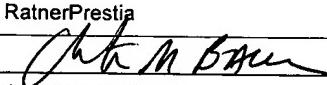
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/
Incomplete Application
<input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation,
Change of Correspondence
Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication
to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply
Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please
identify below): |
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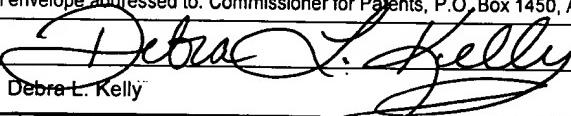
Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	RatnerPrestia		
Signature			
Printed Name	Christian M. Bauer		
Date	December 7, 2004	Registration No.	51,443

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or Printed Name	Debra L. Kelly
Date	December 7, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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Appln. No.: 09/245,625
Amendment Dated December 7, 2004
Reply to Office Action of September 9, 2004

BUR-020

1615
Jaw

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 09/245,625
Applicant: Robert R. Burch, et al.
Filed: February 5, 1999
Title: CHEMICALLY ACTIVE FIBER COMPOSITIONS AS DELIVERY
SYSTEM FOR CHEMOTHERAPEUTIC AGENTS, ESPECIALLY
FOR SUBSTANCES USEFUL IN DENTAL HYGIENE
TC/A.U.: 1615
Examiner: Retford O. Berko
Confirmation No.: 5098
Docket No.: BUR-020US

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the non-final Office Action dated September 9, 2004, please amend the above-identified application as follows:

Remarks/Arguments begin on page 7 of this paper.